

REACTIVE MUSCLES

Specifically

SHORT CUT EXPANDED REACTIVES

Plus

EYE REACTIVES and EAR REACTIVES

RESULTS ACHIEVED AFTER DOING THESE REACTIVES: Many people stop reacting to substances (food, environmental, smells, even thoughts, etc.) which had previously caused them trouble.

It all began when my daughter, Nancy, started 6th grade in Sept. 1982. She came home from school and reported that the teacher said not to come back to school until she got rid of her cough. At home, however, Nancy had no cough so I went in the next morning with nurse, principal, and teacher in tow and discovered that looking at the yellow walls in her classroom was what was causing the problem. I then understood why the teacher didn't want her in school. This wasn't just an ordinary cough but was an uncontrollable cough that wouldn't stop until it ended in a choking and gagging. Setting the iliocecal valve stopped the coughing until she again got a glimpse of the wall -- which was often. We had long ago stopped Nancy from using yellow pencils or wearing clothes with yellow in them because we had found that yellow weakened every muscle in her body when she came in contact with it. I had never thought to test looking at it.

All of the 6th grade classrooms were yellow except the lowest academically and we didn't want her in there. I had not done any reactive muscles on Nancy so I told the principal to hold off on switching her to the lower class and to give me a few days to try another technique that was supposed to raise energy in the body. From my ITW class I remembered being told that correcting reactives could help alleviate pain and raise the energy level in general. It was my only hope.

I took Nancy home from school with me and started doing reactive muscles to and from her iliacus muscle. Every time the iliacus was stressed she would cough until it seemed she was about to turn inside out and sometimes for fear she would actually die on me, I would have to disengage the reactive muscle positions and set her valve even before I was able to weaken the spindle cells sufficiently to make the correction. Then we'd have to try again and work faster. It was sheer torture but Nancy was willing to do it if it would help so we continued. Every time a reactive was created, not only did it cause the cough, but it would also cause the muscle that was being weakened to be extremely painful. When the reactive was corrected, the pain in the spindled muscle would be gone.

I called Dot Boody (now a T.F.H. instructor) to come over and be a surrogate, thinking that would make it easier and quicker. It didn't help the coughing but she didn't feel the pain when working on the spindle cells because we worked on Dot's muscle and Nancy still corrected. Around midnight we were done. Nancy did not react to yellow -- either touching it, looking at it or eating it. Her iliiocecal valve area did not hurt any more. It was then we realized the FULL potential of correcting reactive muscles and we wondered why no one had told us that reactive corrections could do away with allergies or intolerances? Could it be that no one realized this?

There was a group of six mothers who now started meeting every Monday evening at my home to do reactives on each other. They had been through my T.F.H. Class and all had children on the Feingold Diet (Plus) who were very restricted in the foods they could eat in order to function normally. If my oldest son stuck to only 8 foods, he was to be calm but, of course, that was impossible. We met another evening and worked surrogately on our children. The result was that the children were able to eat many foods that had previously caused reactions, but we felt a

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GREAT need to find a quicker way to do the reactives, especially since creating the reactive brought on the symptoms, and hyper children have many different unpleasant symptoms from turning into a terror in a second to bladder problems. It was incredible to see a child start screaming and shouting and crying and need to be restrained when a reactive was created and then upon correction turn into an angel until we found another reactive. We had seen foods and environmental substances cause problems and we understood that, but to have just moving muscles cause problems seemed incredible to us at the time.

DISCOVERIES -- SOMEWHAT IN THE ORDER THEY OCCURRED

1. We found that when we wanted to test a muscle to find out if any other muscle was lowering its energy, we could pinch the ends of a meridian and test the muscle and it would go weak if there was a reactive. We did some double checking by using the pulses and they worked too. Now we use both. For a few months we did a lot of double checking by using this short cut method and then going in and doing the muscle to muscle reactive and got the same results 100% of the time as long as there was no switching or uncentering taking place.
2. We found that by tapping 2 or 3 times lightly between the eyebrows at the top of the nose while the testing arm was in position and at the same time the meridian end was being pinched, the reactive would correct. Upon retesting muscle to muscle to double check, they would both be tight. (This was before I ever heard of the term B 1 tapping and I think it might be pineal tapping because many times we can tap the pineal pulse and get the same result. Some people (usually ones with severe bladder problems) will weaken if the B 1 spot is tapped even once and then we have to go in and tap the pineal pulse. One woman's reactives had to be corrected by tapping the hypothalamus pulse. Eventually these

people can be tapped between the eyebrows. Before tapping anyone we check to make sure it is O.K. for them to be tapped).

3. We had known that just putting a muscle in position could cause a switching or uncentering. (Pinching the meridian end would also cause the same thing). Now we discovered that even though two muscles tested separately did not cause a switching or uncentering, putting them in position at the same time could cause an uncentering and/or switching. Doing the limited reactives (42 muscles) would correct this many times, BUT NOT ALWAYS. We continued our search for answers.

4. Whenever a meridian was not in balance, one or more chakras would test weak. Many times the chakras corrected by rubbing the teres major front neuro-lymphatic points and also the supraspinatus back neuro-lymphatic spots. (There must be a very close connection between the chakras and the central and governing meridians. Last year Max, a 9 yr. old boy, was hit by a car going approximately 45 m.p.m. in front of my home while riding his bicycle. He was thrown in the air, landed on the hood of the car and bounced off into the street. I grabbed my 15 yr. old son, Malcolm, and headed out to surrogate Max. He was unconscious and making a strange throat noise which I was later told was because he was in shock and about to seizure. We checked his chakra energy through my son and there was absolutely no energy anywhere. We started rubbing like crazy on the Governing and Central NL points and tapping Malcolm. We spun chakras a few times and tapped but mostly we did the NL points. After about $3\frac{1}{2}$ to 4 minutes the top chakra held for only about 2 seconds. We continued and after another $1\frac{1}{2}$ minutes, the top chakra held but the others were still weak. About $\frac{1}{2}$ minute later the second chakra tightened and held and after another $\frac{1}{2}$ minute the throat chakra tightened. We kept rubbing and tapping and then

about every 10 seconds the next chakra in line down the front would tighten and hold. At about the exact second the last chakra tightened, the noise stopped and Max opened his eyes and said something. It could have been coincidence that it happened at that very second, but it was interesting that it did).

We also do chakra reactives -- each chakra to all of the others. Correcting these seems to raise the energy level quite a bit. Sometimes doing a chakra reactive will cause a muscle to muscle reactive to correct but, unfortunately, this does not happen consistently enough for it to be a quick fix for all reactives.

5. We started giving some thought as to why so many people in my T.F.H. classes remain strong on running the Central meridian energy up the meridian and also remain strong on running the Central meridian energy down the meridian (which should weaken them). We did some experimenting. We would balance the 42 muscles and make sure there was no switching or uncentering. Then we would again test each muscle first getting it strong and then run the central meridian energy backwards while the muscle remained in position and retest the muscle. We found that many muscles would test weak on the Central meridian run backwards ((hereafter referred to as CMRB) but some would test strong on both meridian runs. It seems that people with more problems would have more muscles test strong on the CMRB than those who had a few minor problems. We decided that if the CMRB produced a strong muscle, we would consider something wrong with the muscle even though we didn't know what. We set out to solve this problem and it has probably been the BEST THING WE EVER DISCOVERED.

We found that many times when the muscle remained strong on the CMRB, it was causing an uncentering or switching, BUT NOT ALWAYS. We also found that if you tested any muscle, ie., a latissimus dorsi and

found it tight on the CMR up and weak on the CMRB and at the same time put another muscle in place such as the P.M.Clavicular and tested the same dorsi muscle, we might find the dorsi tight which indicated no reactive present but the CMRB would also keep the dorsi tight. This combination was creating a change in the energy field that we felt wasn't good. We decided to call it a hidden reactive. We would do all of the corrections we knew such as pinching the meridian ends, pulses, etc., and many times the muscle would then test weak on the CMRB. However, MANY TIMES IT WOULDN'T. We felt we were on the right track. We decided for the time being to consider a strong muscle test on a CMRB to mean that there are reactive muscles somewhere on the meridian while the person is in that particular position. Many times if the testee just moved slightly out of the position they were being tested in, the CMRB would test weak. Since there are around 625 muscles in the body that could be reactive to any other one and since we knew only 42 or so major ones, wouldn't it be more thorough to work with the meridians?

We also found that if we held a muscle in place which was causing a CMRB to be strong and spun all of the chakras (we use 10) and tapped and rubbed the Governing front and Central back NL points while tapping, the CMRB would now test weak in many cases, BUT NOT ALWAYS. Then we would pinch the meridian ends and 12 pulses while tapping and many of the muscles would correct and the CMRB would now test weak. For the ones that still wouldn't correct we decided to add eye and ear reactives by moving the eyes in all directions while tapping and then touch the eye spots on the top of the head and again move the eyes in all directions and do the same with the ear spots we had found (behind the ear) and now many of these stubborn muscles would test weak on the CMRB. For those that didn't correct we decided it meant there was a reactive THAT WE DIDN'T KNOW HOW TO FIND.

6. I went to the 1983 Annual T.F.H. Meeting and discovered Wayne Topping's book, "Balancing The Body's Energies -- Muscle Tests For The 8 Extra Meridians," and couldn't wait to get home to experiment. It turned out that this was a very big piece of the puzzle. This information enabled us to find many of the reactives we didn't know how to find. We added the 8 extra intermediate pulses to our tests and corrections and had a great increase in the effectiveness of our reactive results -- more allergies or intolerances were alleviated and the CMRB now produced a weak muscle about 80% of the time.

7. In October '83 I took the Chiropractor's Assistant's Course in New York and picked up a few more tests but more important some spots that corrected the weak tests. For instance, Nancy does not have a tickle or pain anywhere on her body when I press or rub her. (This is a child who used to scream when I had to press a spot or comb or wash her hair, etc.). However, when she is having a reaction to something or is unbalanced for any reason, there will usually be a pain or tickle somewhere. For instance, when I came home from the course and found her hips tested weak, I found a spot behind the hip bone on the buttocks that was very painful and after rubbing it, her hips tested O.K. I added all of the C.A. spots to my tests and corrections for reactives and found another 10% improvement in our results. We were almost there.

8. In November 1983 I attended Paul Dennison's instructor certification program and picked up a lot of valuable information that lead to more pressure spots and experimentation upon returning home. Success results went up to about 98% on so called normal people who were having problems.

9. Next we came across two people who were sick. One was a brother of June, one of the women in our group, who made the discovery while trying to get him together. The other was a woman in the group who came one

Monday night feeling rotten and thought she might be getting the flu. We balanced her and corrected every reactive that needed it and finally had the CMRB weak on every test and strong on the CMR up with no switching and no uncentering that we knew how to detect. She was much better but felt that a little something wasn't back to normal. We went searching for something we might have overlooked. June raised her hand over the body, higher than the chakras, and tested and we were surprised to find the muscle weak. (We now call this a test for "way out energy"). Desperate mothers will try almost anything no matter how weird. We tested over the head and under the feet and over the front and back above the center of the body. Depending on the person, the farthest out that a weakness can be detected is 8 feet. For most people it is 6 ft.  In some areas, for instance over the head, 8 ft. would produce a strong muscle (any muscle could be used), 6 ft. might be weak, 4 and 2 ft. strong. All kinds of combinations turn up. Mostly spots would turn up weak in the clear but when we decided to do the CMRB, we found that some of these "way out spots" that were testing tight would also be tight on the CMRB. We decided the only thing we knew to do was to have one person hold their hands out where it caused a muscle to go weak while another person touched the skin of the testee and did the correction for all of the reactives we knew. Always when we were done, the energy was corrected and the CMRB produced a weak muscle. When all of the "way out energy" was corrected to our group member, she felt wonderful (the Flu was gone) and it held. Sometimes correcting only one way out spot will cause all of the others to be O.K. After June had finished with her brother he felt better than ever.

We're trying to find body spots to correct this "way out energy" for two reasons. One - it is too far out to do on your every day normal person (we have only done it on friends and relatives) and two - it

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takes a third person to stand away from the body. We are making some progress. We have found that if testing the base of the skull in back and the navel at the same time produces a weak muscle, correcting it will balance the way out energy from between the waist and neck. If the coccyx and navel test is weak, the correction will usually balance the energy way out between the waist and ankles.

If we test the Chakra energy and the way out energy on someone before balancing them, we find that most of the field around the body is disturbed. After a thorough balancing the energy around the body usually tests O.K. Just the few who are having an extremely bad reaction will still test weak in a field further out from their body.

10. We have also found that there is a generally strengthening field of some kind that flows around the body from the feet towards the head. If you run the energy down almost anywhere on the body and test a strong muscle, the muscle will go weak -- if you are totally balanced to begin with.

11. Just as one muscle can be reactive to any other muscle, it seems that any one spot on the body can be reactive to any other spot. The possibilities are mind blowing. On a few stubborn cases after we had pressed and tapped for all of the spots we knew without success, we would press all over the body while tapping and holding the muscle in position and usually the stubborn muscle would now be weak on the CMRB. We have found that scars and all over the skull are the first places to press.

12. On our brain damaged kids we have to do some crazy things. One 12 yr. old boy was able to use his fingers of his left hand and button his pants and do other things he could never do with his left hand after we did ear reactives to and from all the muscles and spots while he listened to different sounds such as running faucets, squeaky doors,

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and other everyday noises which also caused strange behavior. Much of the strange behavior disappeared after these were done. This is the first year he has attended school and the school system after thorough testing tried him in a normal school - special ed classroom on trial. He did so well that he is still there on a full day schedule and is now doing 2nd grade math and spelling. We are now working on his reading.

This same boy used to seizure once a week at the time his mother took her basic T.F.H. course. In 1982 with just balancing, his seizures dropped to 34. In 1983 he had 19 seizures. It was during the last half of '83 that we started getting our short cut expanded reactives together and so far in 1984 he has had only one seizure. This seizure was shortly after another boy punched him in the stomach. Kevin's seizures are related to his lung energy and we feel this punch caused lung reactives which triggered the seizure. If we had known about the punch in time we probably would have been able to correct him so the seizure wouldn't have occurred. Last year during little league season, Kevin's seizures picked up until we realized that hitting a hard baseball with a bat would create lung reactives so that a few hours later he would seizure. After that his mother knew to correct the reactives so he wouldn't seizure. Now hitting the ball does not create lung reactives.

The left side of Kevin's body is not up to par with his right normal side. The left side of his face and mouth used to droop but now they are even almost all of the time (when he is not reacting to something). His smile is even and when he talks both sides of his mouth can move evenly. Stomach reactives can take the credit for most of the facial corrections. His attitude has taken a big turn around from being moody and irritable a good bit of the time to happy and calm most of the time. His hand which used to be jumpy most of the time is

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now only jumpy once in a while when he is having a reaction to something and we can always do reactives and the jumpiness will stop.

HOW TO CORRECT A FOOD OR ENVIRONMENTAL INTOLERANCE, ETC.

We can now take a substance and place it in the mouth if it is a food or on or near the body in the manner it causes a reaction if it is an environmental substance with the resulting stomach-ache, headache, fever, sore throat, itch, behaviorial disturbance, etc. and by the time we are done doing reactives, the symptoms are gone and for the most part don't come back.

If a thorough job of reactives is not done, a person may be O.K. eating a food while laying down but then when they sit or stand, they react to it. We've had to be cautious in looking for short cuts and we think the answer may lie in pulses. We've found pulses that seem to be for the jaw, skull, ear (besides governing) and tongue which speed up the procedure somewhat.

The general procedure we follow after contact with the offending substance is to test and record the results of all of the tests on the attached sheet at the end of this report. Then I have the person press as many of the spots that tested weak in the clear as is possible and I do all of the reactives by pressing or pinching ~~all of~~ the spots listed on the attached sheet marked CORRECTIONS while tapping lightly. When the muscles show that the spots the testee is pressing on are testing tight and then go weak on the CMRB, I go through and retest everything on the testing sheet again and now there is usually a totally new picture. Previously hidden weaknesses now turn up. Sometimes only one correction needs to be made. The worse the reaction, the more weaknesses that surface and sometimes we have to run through the whole testing and correcting procedure four or five times. After a while one gets the feeling for which spots will work better and quicker than others in a given situation.

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When every test passes and all of the symptoms are not present when the testee moves around, the person can then usually eat the food or touch and breathe the substance, etc. and not react to it. On family and close friends I recheck the Chakras and way out energy to make sure I didn't miss anything.

When testing I am always on the skin of the testee so I am recording the person's energy while I am in their field. When making the correction I also touch the skin so I can press and correct a spot on myself (surrogate correction) if it is more convenient. A surrogate correction will always take. Sometimes, if the person testing has a reaction to the food he is testing on the testee and the reaction hits the same place on both of them, the tester will also correct while doing the corrections if he/she is in contact with the testee's skin.

I am, however, not able to test a person 100% accurately through a surrogate unless the person being surrogated presses his/her spots. Pressing a surrogate's spots instead of the testee's spots is about 80% accurate. Therefore, for a tester to be tested while testing the testee, he/she must also press their own spots.

While surrogating an infant or child while the parent is holding them, it is necessary for the parent as well as the child to touch the surrogate. We find that if the parent does not touch the surrogate, many times the child will draw energy from the parent and test O.K. but the symptoms don't go away. When the parent also plugs in, the weaknesses show up and the proper corrections can be made and the symptoms then go away.

My daughter, Nancy, whom we were told was mentally retarded and would need special schools when we adopted her at age 4 $\frac{1}{2}$ months is now a normal, healthy girl who can get a B without any studying and an A with a minimum amount of work. We discovered she reacted to just about everything in the world and correcting reactives now leaves her with only

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two common every day things that can cause her problems. They are the smells of certain brands of perfume and certain brands of cigarette smoke that she passes by which we have not corrected yet.

REACTIVES AND MENTAL STRESS CORRECTIONS

Have someone think of a mental stress situation or stressful thought while all of the tests on the attached sheet are performed. If the majority of tests come up weak, have them keep thinking while you do all the reactive corrections. They don't have to press on a particular weak in the clear while you do this as with a food. When you are done, recheck and all points will be tight. A stressful thought not only affects the stomach energy but many times other meridians will also go weak. Doing the reactives with the thought seems to eliminate these weaknesses and so far they don't seem to return. I have role played some of my younger children through all kinds of fears and the way they now handle situations that previously would've caused them to be withdrawn is astonishing, particularly in the case of my 10 yr. old son.

WHAT TO DO WHEN THE CORRECTION DOESN'T SEEM TO TAKE

1. When the correction doesn't seem to take, we ask the person to lie perfectly still and not move a muscle other than the ones we are testing. We have the room absolutely quiet and go through the corrections again and usually everything will correct.

Some people are so reactive that if they change position in the middle of the corrections and we didn't realize it and tell them to go back to their original position, we would find that the correction didn't take. This is because we only did the reactives to the new position from mid point through the latter part of the corrections. The beginning corrections were to the first position and they were never finished. This could mean that the person's eyes are in a different position on

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the retest than they were during the corrections so the eyes in this position never had any corrections done. It might be that a noise (like the refrigerator coming on) occurred at some point during the corrections, and if the ears are a problem, that noise didn't get corrected because it missed the beginning of the corrections. We've had these above possibilities happen quite often but more so with the eyes and ears.

2. Another thing that could interfere with a correction is that the person is having a reaction at the time of testing to something that might be in the air or a food that was lodged someplace in the mouth. Some few people will not correct to some things until their total energy has risen above a certain level so that the culprit will not electrocute them so to speak. A culprit this bad will usually produce a tight CMRB no matter which muscle is used. Doing the reactives will usually only produce a weak CMRB for only a few seconds if at all. To locate the problem we can usually check the way out energy or touch all over the body and usually we find the energy out somewhere along a meridian other than at the ends. When reactives are done all along the meridian (sometimes it involves more than one meridian especially if there is a large scar) we can then begin to test and correct accurately.

A friend had one of these bad type of reactions that wouldn't correct with the usual reactives last week when she came to one of my open house practice sessions on Wednesday. She started feeling badly shortly after arriving and kept on getting worse. She said it felt like an oil reaction. I discovered that whenever she eats anything with oil in it or fatty meats and foods, she gets a violent reaction which lasts for a few days. Before taking my T.F.H. course she had severe bladder and kidney problems and was on antibiotics for over half of every year. She was told she would eventually be on a dialysis machine. After T.F.H. she was able to find out what lowered her bladder, kidney, and piriformis

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muscles and by controlling her diet and environment was able to control her attacks which caused severe pain, blood in the urine, mental symptoms, etc. We traced the problem to the fact that I had baked a chicken which was basted in Eden safflower oil for dinner and the molecules of fat had dispersed throughout the air in the house and when she came in they settled on her and caused this violent reaction. Her energies were so disturbed that a person being tested on a table next to her (a person with M.S. who has made great progress with it) wouldn't correct until we moved her table 10 feet away from my friend. My friend hasn't had many of these expanded reactives done to her yet so three of us are going to go over soon and do reactives to every spot along the gall bladder, kidney, bladder and circulation-sex meridians, and then we will probably be able to correct her to oil.

We KNOW that these expanded short cut reactives work and if we ran into problems, we went searching for answers and found what seemed at the time to be incredible answers. Atoms and molecules have become very real to us. People with problems need to get their electro-magnetic fields (if this is what it is) corrected so they don't attract the molecules that are harmful to them. Counteracting the substance with vitamins, colors, foods, pressure, etc. helps temporarily but reactive corrections seem to be an answer for more permanent results.

EYE REACTIVES

We do what we call eye reactives which seem to greatly improve if not totally correct eye problems. We do the eye muscles to the other muscles in the body and then we do the other muscles to the eye muscles. We start by putting the eyes in the position of straight ahead and we hold all of the pulses -- about 30 of them -- (as many as we can at a time) and do all of the corrections on the sheet. We repeat this whole procedure while the eyes are up, down, right and left. Then we hold the eye spots on the top of the head and repeat the procedure. When we are

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done, we've gotten both eyes open and shut and each eye separately open and shut in all positions to and from all of the muscles. People who wake up tired usually have a lot of eye reactives to eyes shut in the various positions. If eyes shut seems to be a great problem, then just blinking will cause them to weaken. Sometimes we have to do reactives to and from the upper trapezius. I also highly recommend Paul Dennison's technique of near and far.

A few weeks ago the 10 yr. old daughter of a chiropractor and his wife (a nurse) was brought down from Massachusetts to have her eye reactives done. She had to put on her glasses to see the knife she was going to use to butter her toast when we had a snack after we were half done. I had brought in June to surrogate and after we had completed all of the eyes and the adults were talking, the girl went over to the piano and started playing it. Her mother got all excited and whispered to us that she was reading the notes without her glasses. Just then the girl said, "Mommy, this is just like having my glasses on." Her eyes, which had previously both moved off to the left when she followed a pencil moving in toward her nose, now converged to the center and stayed there. Her mother is now in the process of doing reactives to correct her to her food and environment so the eyes will stay corrected permanently. Recent eye tests show that her stigmatism is gone.

It was interesting to see such success immediately. Usually it takes about 4 or 5 days of use in their freed-up state for the eye muscles to strengthen sufficiently before we see the dramatic results. My own daughter's ability to learn easily and recall what she had learned increased dramatically when she had all of her eye reactives done. Her grades went up and her attention span increased greatly. The following is a copy of the note from her school nurse.

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TO: Mrs. Dougherty

DATE: December 15, 1982

FROM: Muriel A. Munyon, R.N., S.N.P.
Bowe School Nurse

I thought you would like to know that Nancy passed her vision screening test today for the first time in her three years here at Bowe School.

In fourth grade she failed the far point test with her right eye.

In fifth grade she failed both near and far point tests with both eyes.

Earlier in this year, she still was having problems, to the point where she was alternating -- failing near point with one eye and far point with the other.

If you remember, she failed the screening last week when you asked me to check her because of the work you had been doing with her.

Today she was screened along with the other members of her class and to my surprise, she answered near and far point responses perfectly. I thought that you might like to have this report. What ever you are doing must be working on her.

EAR REACTIVES

We do all of the reactives to and from the ear muscles while listening to all kinds of different sounds and tones of voices, etc. Listening to a teacher's voice can cause learning problems if the ears cause a switching or uncentering. A swimmer can improve his start by correcting to the noise a starter's gun makes. Listening to the noise on TV caused one man to become very irritable and tend to fall asleep. He was O.K. after being corrected to TV talk and noises. Ears, like the eyes, are always being used and are probably involved in many reactive muscle creations.

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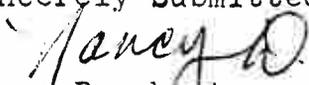
HOW LONG WILL IT HOLD

The corrections seem to be permanent. On most people the results seem to be magical. Children are finding out what it is like to be normal. Sick people are getting well and staying well. Allergies and intolerances and their symptoms are disappearing. If we should see a reaction to something we had corrected, we will recheck all of the tests and usually find that a reactive has been re-created by either a fall, accident, punch to the stomach or other part of the body, or by some other trauma. If the meridian energy is high during a fall, etc. it doesn't seem to cause reactives in many people but if the energy is low in a muscle that is involved, we find more of a tendency to create reactives. The children who have had all or most of their reactives corrected seem to be able to do gymnastics, play contact sports and handle the every day rough and tumble play and not create more reactives and still have practically no allergies or intolerances whereas the ones who have had only a few of the reactives done will re-create them again and are still very allergic or intolerant to many substances.

WE OWE AN INCREDIBLE DEBT OF THANKS TO JOHN THIE and all of the people who brought us Touch For Health and also to the other caring people who have shared their material and discoveries at conventions, etc., from which we have drawn in putting together these Short Cut Expanded Reactives.

We of our Group hope that by sharing our discoveries other people still desperately searching for a more permanent solution as we were, can find relief by achieving similar successes with reactive muscle corrections.

Sincerely Submitted by,


Nancy Dougherty
112 Villanova Rd.
Glassboro, New Jersey 08028
215-881-6399 (Phone)

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Encs.

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PROCEDURE FOR DOING THE CORRECTIONS

Constantly tap lightly between the eyebrows above the nose while pressing on the spots listed on the correction sheet. Tapping can be done on the testee by either the testee or tester. Tapping can also be done on the tester if skin contact is maintained between the two of them during tapping.

While the tapping is being performed, the testee will be pressing on the spots that the tester has determined should be corrected first. (The tester has determined this after completing all or most of the tests on the testing sheet).

The tester will then press in succession each of the correction spots indicated on the correction sheet. The pressing can be done on the testee and when more convenient, the tester can press the spots on himself/herself if skin contact is maintained between the two. (Having a third arm would be helpful at times).

When finished, the tester should retest the spots the testee was holding and they should now test tight and the CMRB should test weak. If this doesn't happen, there is another reactive spot or spots that the tester should search for. The testee should go back and press the original spots again (even though they may now not be weak in the clear) and tap while the tester starts pressing all over the body where he hasn't pressed yet. Stop periodically and retest to see if the corrections finally took so you will have an idea which area the problem was in and then if another correction doesn't take you can go to the same area and save time. Scars are usually the first place to go. If they aren't the problem, when you are finished going all over the body, the correction will probably have taken.

Reactive Muscles

When the first corrections have taken, go back and do all of the tests again. Hidden things will now surface. Some corrections work better if done first with some people but everyone seems to be different and the fast way with one doesn't always work with another.

After testing for the second time have the testee press on new weak in the clear spots and repeat the procedure until all are corrected. Then go through and test the third time. If anything is weak, repeat the procedure as above and retest. When all of the tests turn out O.K. and you feel you have gotten everything, then go over the body and do the Way Out Energy tests with the CMRB. If any area doesn't test correctly, there are two things that can be done: 1. Go in to the body and test while touching all over various parts of the body to see if you have missed anything, or 2. Have someone hold their hands in the area over the body that produces the energy imbalance while the testee and tester tap and do all of the corrections. The imbalance should then be gone. When all of the way out energy tests O.K. and the chakras are O.K. and the symptoms are gone, the person should be able to tolerate the food, environmental substance, thought, etc. that they have just been corrected for.

Reactive Muscles

TESTS

1. Find 2 tight muscles - usually the left & right latissimus dorsi - (CMRB) and (CMR up)
 2. Switching - test with right hand
test with left hand
 3. Uncentering - Slap
Also test hyoid (CMRB)
gait spots (CMRB)
cloical spots (CMRB)
 4. Navel and base of skull (CMRB)
 5. Navel and coccyx together (CMRB)
 6. Top of head and bones that are directly under torso (CMRB) - (tester sits on hard flat stool to put pressure on these bones - skin contact is necessary)
 7. Top of head and bottom of feet together (CMRB)
 8. Cross crawl & test (optional)
 9. Homolateral crawl (optional)
 10. Test X
 11. Test ll
 12. Hum - test right side muscle
test left side muscle
 13. Count - test right side muscle
test left side muscle
 14. Cranial - GV20 (CMRB)
 15. Skull - sides, top front, back, (CMRB)
 1. If problems persist, test two spots on opposite sides of skull simultaneously. Move around skull doing this.
 16. Top of ear (CMRB)
 17. Above ear on skull (CMRB)
 18. Temples (CMRB)
 19. Eye spots (CMRB)
 20. Ear spots - behind ear (CMRB)
 21. Jaw (CMRB)
 22. Thymus
 23. Blood chemistry
 24. Blood pressure
 25. Alarm Points (CMRB)
 26. Accupuncture (wheel around navel) (CMRB)
 27. Hip spots (CMRB)
 28. Fixation
 29. Ends of meridians - 28 tests (CMRB)
 30. All pulses - 4 at a time (CMRB)
 31. When everything seems to be testing O.K. and all corrections are made, double check by testing
 1. Chakras (CMRB)
 2. Way out energy (CMRB)
31. Cont'd. - If these are weak, try to find a spot or area on the body that tests weak - scars first (CMRB)
- - - - -
DON'T HOLD BREATH - tester or testee
Don't lock knees } These seem to
Don't lean forward } be reactives
and will correct
quickly

PROBLEMS

1. If muscles are all weak, strengthen dorsi by accupressure, etc. If it doesn't tighten, hold it in testing position and tap between eyes.
2. After tightening latissimus dorsi muscles - if all other muscles test weak, start the corrections while pressing on the thymus spot.
3. If first testing muscle is tight and both CMRB and CMR^o are weak, do the reactive corrections to test spots #4, #5, & 6 first.
4. If tightening first muscle doesn't hold long and body won't balance, do eye reactives to eyes down. When finished have testee hold eyes in this position while testing is done.
5. Sometimes ear reactives must be done so sounds aren't constantly weakening all of the muscles. Then testing can be continued. When doing these, the testee presses on #16 test spots and Governing pulse on right hand.
6. We use various other tests and methods to solve unusual problems which would be too time consuming to explain on paper. The above should solve most of them.

Reactive Muscles

CORRECTIONS - While tapping, press or do the following:

1. Governing front NL spots
2. Central back NL spots
3. Pinch above lips and hold coccyx
4. Pinch below lips and hold pubic bone
5. Pinch K 27s
6. Pinch (or bite) meridian ends on fingers (6)
7. Pinch meridian ends on toes, also pinch middle toe (6)
8. Both eyes straight and open
One eye " " "
Other eye " " "
9. Both eyes down and open
One eye " " "
Other eye " " "
10. Both eyes up and open
One eye " " "
Other eye " " "
11. Both eyes right and open
One eye " " "
Other eye " " "
12. Both eyes left and open
One eye " " "
Other eye " " "
13. Both eyes open and up - roll them both around clockwise once and then roll them both around counterclockwise once
14. One eye only - roll both directions as in #13
15. Other eye only - roll as above
16. Both eyes shut with eyes in straight position
Both eyes shut with eyes down
Both eyes shut with eyes up
Both eyes shut with eyes right
Both eyes shut with eyes left
17. Both eyes shut - roll clockwise and then counterclockwise
18. Touch Eye Spots on Top of Head (both sides) and repeat #8 thru #17 again
19. Pinch around ear flaps (both)
20. Touch above ears on skull
21. Touch at temples
22. Using 4 fingers - press systematically all over skull (front and back) starting from behind left ear
23. Jaw spots while moving jaw
24. Thymus spot
25. Blood pressure spots
26. Blood chemistry spots
27. Hip spots
28. Alarm points (over-energy)
29. All pulses (about 30) - light, medium, and heavy pressure. 4 on each wrist, 3 possible 4 spots between bottom thumb joint and wrist on a line with the wrist pulses.
30. Hyoid
31. Front cloical spots together (Use thumb & 3rd finger and tap with 2nd)
32. Back cloical spots together (each side separately)
33. Gait spots
34. Coccyx navel together
35. Navel and Base of Skull together
36. Top of head and bone that is directly under torso (tester sits and has skin contact)
37. Top of head and bottom of feet together
(#36 and #37 cause the energy way out over the head to test weak)
38. Spin chakras (10)
39. If Needed:
 1. scars
 2. all over body (gets spots along meridians or muscles or unknown spots that might be a problem)
 3. Way out energy - spin